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CLINICS.

CLINICAL LECTURES.

Abstract of a Clinical Lecture on Sciatica and its Treatment. By FRANCIS E. ANSTIE, M.D., Physician to Westminster Hospital, etc. (Concluded from p. 135.)

Brief and imperfect as this account of the pathology and causation of sciatica has been, it will suffice to indicate at any rate a more rational scheme of treatment than those which are adopted by routine practitioners. If we are to take first the varieties of the disease in which there is the most decided indication for treatment, we shall certainly begin with the syphilitic; and here I wish to repeat the caution already given as to not accepting too readily the idea that syphilis is out of the question. You will be most tempted to make this mistake when your patient is a lady of good character. But remember that she may have been infected by her husband, and that this may have happened (in conception) without the occurrence of any primary sores. Inquire carefully in such cases for any history of eruptions or sore throats, but especially ascertain whether there have been any abortions or still-births. Where the patient confesses that there has been chancre, you must not give up the syphilitic hypothesis simply because a number of years have elapsed with few or no recognizable symptoms of constitutional infection; this is a point which has been copiously illustrated in the valuable researches on syphilitic nervous diseases

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generally which have been going on during the last twenty years. The line of treatment is quite simple. You administer iodide of potassium in rapidly increasing doses till you reach as much as from sixty to one hundred and twenty grains of the drug, or even much more, in each twenty-four hours. This very rarely fails to produce a rapid and complete cure; but if it should prove ineffectual you may resort to the bichloride of mercury, sixty to eighty minims of the liquor ($\frac{1}{16}$ to $\frac{1}{12}$ grain) thrice a day. Very often it will be advisable to give cod-liver oil at the same time.

In the few cases of clearly rheumatic origin, also, we get a clear indication for treatment: the use of iodide of potassium with bark will usually be found to remove the inflammatory enlargement of the nerve, and give speedy relief to the pain. The prolonged use of Kreuznach or Woodhall Spa water is desirable, in order to render the cure complete and permanent.

In the cases where we have reason to believe that the conjunction of the gouty with the neurotic temperament is exercising a pernicious influence, the chief practical deduction must be that the patient should very sedulously avoid beer and all saccharine wines, and should be very moderate in his total allowance of food, especially of meat and other distinctively nitrogenous foods. The careful and prolonged use of Vichy or Neuenahr water may do great good.

But, after all, the gouty, rheumatic, or syphilitic sciaticas form but a small proportion of the mass of cases which may be encountered in practice. The important question in dealing with ordinary sciatica, is—What am I to do with a disease which is essentially a neuralgia, but which is influenced by the special circumstances connected with the anatomical position and the functions which belong to the sciatic nerve?

In dealing with sciatica as a neuralgia pure and simple, we are fortunately provided with means which will give such immediate relief as will greatly solace the patient, and inspire him with that faith in his ultimate recovery, which is always so valuable to the sick, and especially to the nervously sick. I have already explained how necessary absolute rest of the part is, and you will commence your treatment by arranging a proper couch on which the patient is to lie all day, and by making him understand that he is not merely never to put his foot to the ground (except for absolutely necessary purposes), but that he should always lie either prone on his face or (for a few minutes' change) on the opposite side to that affected. If he be in pain at the moment of your first visit, I advise you to give him a hypodermic injection of one-sixth of a grain of acetate of morphia on the spot. All this is only preliminary; it gives you time to look about you, and deliberately select your line of treatment.

In dealing with simple neuralgias there are four possible main classes of remedies—1, constitutional, which include the regulation of diet and the employment of such medicines as are, in fact, supplementary aliments; 2, the removal of obvious sources of possible irritation; 3, the narcotic-stimulant medicines; 4, local applications.

1. As we are not dealing now with gouty sciatica, what I have to say concerning alimentary treatment is mainly in the direction of insisting on a very nourishing diet, and especially the use of fats, beginning with cream, and going on to cod-liver oil. To this we may add the use of iron or arsenic, or both, in anæmic cases.

Dr. Lawson has correctly pointed out that sciatica is sometimes connected with an acid dyspepsia and a tendency to pyrosis. I believe that these cases are less common than he supposes, and that they are mostly found in those who happen to be the subjects of gout as well as of sciatica. At any rate, wherever such symptoms are found they should at once be met by the administration of effervescing alkalies, with small doses of quinia—say a grain of quinia in four ounces of Vichy or of Apollinaris water three times a day. The quinia is here given simply as a restorer of the digestive tone, not with any idea of producing a specific effect upon the neuralgia.

The only cases of sciatica in which quinia is likely to produce specific effects

are those in which malaria is the exciting cause, and these are (in England) so rare that I have for practical purposes disregarded them. It is enough to say, here, that when we do encounter such cases we must treat them with the same full doses of quinia, administered before an expected paroxysm, as we should employ in ague itself.

2. The removal of obvious sources of possible irritation refers chiefly to two things. *Cold* should be guarded against by making the patient wear (night and day) a pair of thick flannel drawers. Intestinal irritation should be guarded against by thoroughly evacuating the intestines; it is best to do this by means of a good stimulant enema (ol. ricini, ℥ss; ol. terebinth. ℥ss; gruel, Ojss) thrown high up.

3. Of the narcotic-stimulant remedies, morphia, hypodermically injected, is much the most frequently useful, though it is scarcely that panacea for the disease which some have represented it to be. When I tell you that it can rarely be judiciously omitted in the early treatment of sciatica, I am very anxious that you should receive that statement in a reasonable way. The supreme utility of hypodermic morphia is due to the certainty with which (in moderate dose) it will cut short the pain without inducing narcotic depression. Pain is a complex and mysterious phenomenon, and among the many interesting facts concerning it is this—that the long continuance of pulsation, so to speak, of more or less rhythmical agony has a peculiar shattering effect upon the nerve, which leaves it *far more liable to pain than before*. Therefore you will do wisely to prevent, at any necessary cost, the patient from ever having more than a few minutes of acute pain at a time. This can usually be accomplished by immediately using the hypodermic syringe when the attack commences; and at this period of the illness you may even give one-sixth or one-quarter of a grain twice in each twenty-four hours, if necessary. But you are on no account to look upon hypodermic morphia as other than a temporary expedient to gain time for the recuperative powers of the system, aided by appropriate tonics, to conquer the morbid tendency.

4. Of local applications for sciatica (or any other neuralgia) some are used with one intention, some with another. *a*. There is a class of local remedies, the sole action of which is to shield the terminals of the nerve-twigs from irritation by paralyzing their sensibility; the result being that the nerve and nerve-centre enjoy comparative repose while the influence endures. Veratrine ointment is one example; aconite liniment another. In using the former, you will do well to employ, at first, an ointment only half as strong as that of the Pharmacopœia (four grains to one ounce, not eight), or, if your patient has a delicate skin, you will produce inflammation and pustulation instead of simply numbing the nerves. Lin. aconiti, applied with a broad paint-brush, is more convenient and more certain, but very expensive where it has to be applied over a large surface.

b. Mild stimulation of the nerve is, however, on the whole, by far the most satisfactory local method of treatment. This is done in two ways, either by blistering or by the use of the constant current. Blistering must always be used with precaution, and is almost wholly inapplicable to the irritable skins of *aged* patients. It is usually best to commence with the application of a blister, not directly to any of the painful points, but by the side of the spine at the junction of the lumbar and sacral portions. When the epidermis has been well distended with serum, the bladder is to be pricked with needles and drained of fluid without breaking the skin at all. If the malady prove at all obstinate, a series of these "flying" blisters placed successively near to (not actually upon) the foci of greatest pain will prove highly serviceable.

But in no instance of sciatica ought we to allow the pain to continue very long before putting in action a remedy which has approved itself in the hands of some of the best observers in Europe, of the highest value for sciatica—I mean the constant battery current, a remedy so powerful (particularly in this form of neuralgia) that, but for the expense and

trouble attending its use, it should be employed as the sole treatment in three-fourths of the cases of sciatica. It is absolutely necessary to have a good instrument, such as Weiss's or Stohrer's constant-current machines. From twenty-five to thirty-five cells will commonly be required, and the best method of application, on the whole, is the following: The negative pole (the poles are broad moist sponges) is applied as nearly as possible opposite the roots of the nerves which form the sciatic, and the positive pole is applied in succession to the several foci of pain. The poles should be kept continuously applied for about three minutes at each of these situations, and this should be done either once or twice daily.

The prognosis of sciatica depends mainly upon the age of the patient, in the true physiological sense, and on the length of time during which the malady has already lasted. Eulenburg speaks of it as among the most curable of neuralgias, and so it doubtless is—in favourable circumstances and with the adoption of all proper remedies. But it may be rendered utterly intractable, either by the failing nutrition of the organism in the stage of bodily decline, or by the carelessness of the patient, or of the doctor, in not strangling the disease at an earlier period in younger subjects. No disease with which I am acquainted offers more opportunity for medical energy to find itself rewarded, or for medical supineness to incur not undeserved discredit.—*Med. Times and Gaz.*, June 13, 1874.

HOSPITAL NOTES AND GLEANINGS.

Nervous Disorder from Constipation; Relief by Purgatives.—A married female, aged 28, and having two children, one four years old and the other ten months, under the following circumstances, applied for relief to Dr. Lockhart Clarke, at the Hospital for Diseases of the Nervous System. A few months ago she began to feel occasional headaches and giddiness, which increased so much that she was frequently afraid of falling. These symptoms were accompanied by great confusion of mind and depression of spirits, so that any little excitement would cause her to shed tears. Her friends stated that she was naturally very lively and intelligent. She said that she felt as if she could not answer correctly when she was asked a question; in fact her brain seemed, as she expressed herself, "to be in a muddle." Then her sight became affected, so that she was unable to read or do needlework; and soon it became so much impaired that she had difficulty in recognizing persons whom she knew well. At the same time, every object appeared double. At first, the distance between the visible objects was small, but gradually increased until it reached nearly a yard. The optic disks were quite healthy. About the same time she complained of a continual noise in her head, like "little bursts," as she expressed herself. There was also extreme drowsiness, so that she felt it almost impossible to keep awake, even amidst loud noise. When she presented herself, she had a stupid, heavy, and sleepy appearance. She was very thin, and had been losing flesh for the last few weeks. The bowels were always obstinately constipated, and had been particularly so lately. The abdomen was full and resisting. Under the impression that she might be suffering from the effects of nursing, her medical attendant had given her large quantities of quinia and iron, which, as she thought, made her worse. She was ordered five grains of calomel and eight of compound extract of colocynth at bedtime, to be followed in the morning by an enema, consisting of an ounce and a half of castor oil, one ounce of turpentine, and one pint of gruel, to be thrown forcibly up the bowels. The result was an enormous evacuation of fecal matter, containing numerous and very hard scybala. A decided relief of all her symptoms very soon ensued. The enema was repeated every two days for several times, and was followed each time by still greater improvement, until, at the end of a fortnight, all that she complained of had entirely disappeared. On inquiry, three months later, she was found to continue in good health. This is certainly a very instructive case.—*Brit. Med. Journ.*, Aug. 8, 1874.

Fracture of the Vertex and probably also of the Base; Concussion; Complete Recovery.—This case, which was admitted into Middlesex Hospital under the care of Mr. HULKE, shows the value of perfect rest and quiet in the treatment of injuries of the skull, and of taking precautions to keep the subsequent reaction within moderate limits.

J. B——, a servant girl, aged fifteen, was brought to the hospital on June 18th, at 1 A. M., having received severe injuries through falling from a first-floor window, which she was in the act of cleaning from the outside. She moaned, but was insensible, and bled from both nostrils. Pulse 72, small, weak. On examining the head after admission, an irregularity, as though the frontal bone were depressed, was found extending from temple to temple in the course of the coronal suture, the scalp in the same situation being very puffy. There was also a large puffy swelling above the right eye, the lids of which were, moreover, discoloured and so swollen as to prevent the exposure of the eyeball. No paralysis of arms or legs. Before admission into the ward the patient vomited several ounces of blood, and shortly after admission vomited blood twice. The urine, which was drawn off by catheter, was clear. No other treatment but perfect rest and quiet was adopted. At 9 P. M., the patient became more restless, groaning and throwing her arms about incessantly; the right eye and right side of the face generally were more swollen; there was also some twitching of the right angle of the mouth, which was observed to be drawn slightly to the right; no more vomiting. Pulse 100; temperature 99.4°.—12 P. M.: The puffiness of the scalp greatly increased, extending and diffusing itself over the forehead anteriorly, and over the zygomatic region laterally. Still restless and moaning; face rather flushed; respiration 36, short; no more sickness and no hemorrhage from nose and ears. Pulse 96; temperature 99°.

June 19. Pulse 96; temperature 98.6°. Was sick once early this morning, and once during the past night, the vomited matter being of a dark-brown coffee colour. General aspect much improved; appears partially conscious, and at times recognizes her friends. She slept a good deal during the day, moaning less, and only at intervals. Passes urine; skin hot and dry; no difficulty in swallowing; bowels not open since admission. Ordered three grains of calomel. Towards night vomited again, the vomited matter being less discoloured with altered blood. Still very restless and inclined to wander, but answered a question coherently. Pulse slow, weak, and irregularly intermittent; breathing easier and regular.

20*th*. Passed a very restless night, moaning at intervals. This morning pulse is stronger, 96; bowels still confined; skin cooler; temperature 98.6°. Only takes milk in the way of nourishment. Ordered another three-grain dose of calomel. There are now swelling and ecchymosis of the left eyelids and conjunctiva as well of the right. The late appearance on the left side is a noticeable fact (not until the third day), and Mr. Hulke was of opinion that it pointed to a fracture of the base. At 9 A. M., the bowels being still confined, a dose of senna mixture was given. Pulse 100; temperature 98.6°.

21*st*. A marked diminution of unconsciousness; asks for water to drink now and then, and has noticed some pictures on the wall opposite. Bowels were opened three times during the night. Pulse 96; temperature 98.6°.

22*d*. A decided improvement this morning; seems to take an interest in what is going on in the ward; asked for some flowers which were on a table near, and, in reply to a question, said she was better; eyelids less swollen; takes milk well, and expressed a desire for some meat. At 9 P. M. complained much of pain in the head and buzzing in left ear. Temperature 98.6°.

23*d*. Eyelids much less swollen; she can now open them pretty widely, disclosing greatly ecchymosed conjunctivæ; complains of pain behind right ear. Pulse 84; temperature 98.8°.

24*th*. Continues to improve, with the exception of persistent pain behind right ear; ecchymosis of left lids less, but of

conjunctivæ of both eyes the same; bowels open during the day. Pulse 86; temperature 98.6°.

25*th*. Ecchymosis of lids rapidly decreasing; that of conjunctivæ the same; is now able to open both eyes fully, and reads at times; pain in the right mastoid region continues; the countenance more tranquil; tongue less furred.

26*th*. Not quite so well to-day; pain behind ear more severe, but is lessened towards night: during the day she was quite lively. Pulse 80; temperature 98.6°.

27*th*. Very drowsy; tongue furred at sides; had rather a sleepless night; complains still of pain behind the ear and also over the vertex. Ordered an evaporating lotion to forehead, and an ounce of senna mixture, as the bowels had not acted since the 24th. Pulse 68; temperature 98.6°.

29*th*. Pain at top of head is gone, but that behind the ear continues; ecchymosis of conjunctivæ about the same. She was now put on ordinary diet, which includes six ounces of meat, besides bread, milk, potatoes, gruel, or broth.

July 4. Is entirely free from pain; ecchymosis of conjunctivæ very much less; sleeps well. Pulse 72; temperature 98.8°.

7*th*. Still progressing favourably; ecchymosis of eyelids quite gone.

16*th*. Fully convalescent; ecchymosis has entirely disappeared from the left conjunctiva, and almost from the right; is perfectly free from pain, and feels quite well: gets up.—*Lancet*, Aug. 29, 1874.

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Cases of Administration of the Croton Chloral Hydrate in Intolerance of Light, by Mr. BADER.

CASE 1.—Anne B., aged 18, was admitted into Guy's Hospital with corneo-iritis of both eyes and great photophobia. She commenced the croton chloral hydrate on December 24, 1873, taking five grains three times a day. Daturin of the strength of one grain to one ounce of water to be applied six times in one hour every evening. On January 16, 1874, all the intolerance had subsided; and on the 27th she was discharged, having had no return of the photophobia.

CASE 2.—Mary C., aged 11, was admitted with pannus with granulations. Commenced croton chloral hydrate gr. v three times a day on January 16, 1874. Her left pupil was very contracted, and intolerance was so great she could hardly bear to open her eyes. On the 23d, there being no improvement, the dose was increased to ten grains. On the 31st the dose was increased to twelve grains four times a day, after which she was slightly better. Slight improvement continued until February 14, when the dose was increased to fifteen grains three times a day. On the 16th she omitted the medicine purposely, and the next day was not so well. Medicine omitted altogether on the 24th, and greenstone applied to lids.

CASE 3.—Mary S., aged 19, admitted with corneo-iritis with great photophobia. Commenced croton chloral hydrate on December 24, 1873—dose, gr. v ter die sum. On January 1, 1874, intolerance had greatly subsided. On the 18th she could look at the light without flinching. On the 23d all intolerance had subsided, and she was discharged on February 2, without any return of the photophobia.

CASE 4.—Florence B., aged 8, admitted with corneo-iritis, epiphora, and photophobia. Commenced croton chloral hydrate gr. v ter die sum. on January 13, 1874. On the 17th was able to look at the light. Improvement continued until February 6, when she was not so well on account of the fog, which was very dense. Dose increased to ten grains ter die. On the 16th almost all the intolerance had subsided, so the medicine was discontinued. On the 18th she was not so well, so the medicine, five grains ter die, was again given, and on March 2 all the intolerance had subsided.

CASE 5.—Celia S., aged 24, admitted with closed pupils, ciliary redness, and photophobia, tension —1, the left eye being the worst. Commenced croton chloral hydrate January 13, 1874, gr. x ter die. On the 17th there was slight improvement. On the 23d she could look at the light with both eyes, but the left still continued worse than the right. On the 27th all the intolerance had subsided in right eye. On February 9 almost all

intolerance had subsided, and she went out of the hospital.

Case 6.—Mary D., aged 15, admitted with pannus with granulations and photophobia. Commenced croton chloral hydrate January 21, 1874, gr. x ter die. On the 23d photophobia had subsided considerably. On February 9 intolerance had greatly improved; dose increased to fifteen grains ter die. On the 14th there was very little intolerance. On March 2 medicine omitted, and lids touched with greenstone.

Case 7.—Ellen B., aged 7, admitted with corneitis and excessive photophobia. Commenced croton chloral hydrate gr. viij ter die, February 5, 1874. On the 9th there was a very marked improvement in the intolerance of light, which continued until the 13th, when the photophobia returned with increased severity. On March 2 there was no improvement at all. Medicine continued.

Case 8.—Clara S., aged 15, admitted with corneo-iritis and great photophobia, so that she could not bear the slightest light. Commenced croton chloral hydrate gr. x four times a day on February 10, 1874. On the next day there was a decided improvement in the intolerance. On the 13th she complained of great pain in the head, so the medicine was discontinued. On the 16th she again took five grains ter die, after which the photophobia gradually lessened, and on March 2 there was very slight intolerance.

Case 9.—Mary B., aged 49, admitted December 30, 1873, with closed pupil, intolerance, and neuralgia over forehead. Commenced croton chloral hydrate gr. xv ter die on February 6, 1874. On the 10th there was no improvement in intolerance, but pain in forehead was less. Increased the dose to twenty grains ter die. Intolerance did not subside, but pain in head grew less.

Case 10.—Julia B., aged 47, admitted February 28, 1874, with intolerance of light, but no ocular changes. Commenced croton chloral hydrate gr. xv ter die on March 1. She gradually improved, but photophobia did not entirely subside. Went out March 20.

Remarks.—It appears that only young people, and only those suffering from genuine syphilitic corneo-iritis, were benefited by the croton chloral hydrate. As regards the dose, I found that between five and ten grains was the most beneficial amount, although in one case I gave twenty grains four times a day without producing much good or any bad symptoms. All the patients complained of the nasty taste of the medicine, but in only one did it appear to produce any symptoms which caused me to stop giving it.—*Med. Times and Gaz.*, Aug. 8, 1874.

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Case of Compound Dislocation of the Elbow-joint; Rupture of the Brachial Artery; Recovery.—It is not our intention to discuss the accuracy of the statements of those who insist on the exclusive adoption of antiseptic methods in the treatment of cases of compound dislocation; but we cannot disregard the fact that such results as attended the subjoined case, though not of common occurrence, are not rare. The experience of many large hospitals, which still adhere to the older method of treating wounds, will be found to furnish ample proof of the success of simple treatment. In the following case no precautions were taken to purify the air surrounding the patient or to prevent its access to the wound. The dislocation was reduced and simple water-dressing applied, and yet the progress of the case was uninterruptedly good. If antiseptic treatment had been adopted, the success of the case would have been fallaciously attributed to the influence of the special mode of treatment.

For the notes of the case we are indebted to the dresser, Mr. Sincock.

A. B., aged eighteen, was admitted into London Hospital on October 18, 1873, with a compound dislocation at the right elbow-joint. When getting off the box-seat of the omnibus the horses started, and he fell, his arm getting entangled in the iron-work of the seat. The articular surface of the lower end of the humerus protruded through a lacerated wound at the anterior and inner part of the forearm. The dislocation was reduced by Mr. Sargeant, the house-surgeon, who, on discovering that the

brachial artery had been torn across, sent for Mr. McCarthy. The upper end of the artery could be distinctly seen pulsating at the bottom of the wound, the sheath of artery being tightly twisted and terminating in a fine point. The lower end of the vessel was not visible. There was no bleeding. There was, of course, no pulse at the wrist; but the hand and forearm were warm, and sensation was perfect. Under these circumstances, and as the lad was healthy, Mr. McCarthy considered that there was no immediate occasion for amputation; and that as the main vessel had been ruptured, excision of the joint might endanger the secondary circulation. He decided, therefore, to postpone any operative interference, and to be guided by the progress of the case. Water-dressing was applied, and the arm slightly flexed and supported by a pillow, the hand and forearm having been wrapped in cotton-wool. The progress of the case was uninterruptedly good; and at the end of eight weeks the lad was sent to the country with the wound healed, and his elbow-joint anchylosed at an angle of about 100°. A month later he returned to show himself. He had a good, useful arm, the arteries at the back of the elbow were considerably enlarged, and the only evidence of the interruption of the circulation was the condition of the nails of the right hand, which were each detached from the matrix.—*Lancet*, Aug. 8, 1874.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Wounds of the Abdominal Cavity.—Dr. D. N. Kinsman, Professor of Diseases of Women and Children in Starling Medical College, Columbus, Ohio, reports (*Clinic*, April 18, 1874) the following remarkable cases of recovery from abdominal wounds without untoward symptoms.

Wm. M., a stout young farmer, aged 23, was gored by a bull, August 19, 1871, The animal approached from behind, gave a thrust with his horn and threw him to the bottom of a ditch, when he could no longer follow up the attack.

On examination an hour after the injury, I found the patient cool and pale, with a small and frequent pulse, constant nausea and frequent vomiting of water, which he drank to quench a tormenting thirst.

There was a wound in the right lumbar region, three inches posterior to the antero-superior spinous process of the ilium. Into this wound I introduced my finger and was able to trace a bruised superior surface of the liver, more than an inch in width and as far as I could reach. In the wound was a string of tissue which I recognized to be the peritoneal investment of the liver, for it was still attached beyond the reach of the finger, and when spread out corresponded to the denuded surface of the liver. There was quite a free hemorrhage from the wound. I placed the patient on his right side, covered the abdomen with ice-cold compresses, administered grain doses of opium every hour, till pain was quieted, gave an unfavourable prognosis, and left. In brief, I attended this patient for six days, when he had become convalescent. For five days he was kept so profoundly under the influence of opium that the catheter had to be used daily.

This case is interesting, because it shows that under certain circumstances the peritoneum may be wounded by the worst kinds of instruments, blood may escape *ad libitum* into the peritoneal cavity, and yet the patient recover without an untoward symptom.

Mr. R., age 30. Was out on a drunken spree and got in an altercation with one of his friends. He was stabbed to the right of and superior to the umbilicus. The wound was three inches long. He fell upon the street, opened his pantaloons and laid wallowing in the street for some time.

When seen, there was a protrusion of omentum and small intestines as large as a quart basin. The structures which escaped were covered with sand and dirt, so that the colour of the parts was totally unrecognizable. The parts were thoroughly washed, returned, and the wound closed by interrupted sutures. The opium was given in full doses for a week. The wound healed readily, and the patient

recovered, and I suppose is still living. This case is even more remarkable than the first, for after such injury to the peritoneal surface, the case would seem hopeless.

Mr. L., with others, was out for a night of fun. The party became boisterous when a policeman attempted to arrest them. The whole crowd set upon the officer with slung-shots, and in the melee L. was stabbed in the abdomen. The wound was situated a little to the left, on the level of the umbilicus, and was one inch and a half in length. From the wound there protruded a small knuckle of the small intestine. There was little hemorrhage.

The wound was closed with interrupted sutures. Opium was given, and this case also recovered without peritonitis.

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Sweet Oil as a Dressing for Wounds.—Dr. Jos. W. Howe has recently introduced at the Charity Hospital, New York, ordinary sweet oil for the treatment of all kinds of wounds. It has several advantages over any of the other dressings in use, and apparently yields better results. The advantages are, that it keeps the air from the wound, and at the same time is a grateful dressing to the patient. It also promotes healthy granulations.

The mode of application varies with the variety of wounds for which it was intended.

In necrosis, after the sequestrum is removed, the cavity is filled with the oil, and a lint tent introduced. Every day the oil is renewed. In one case of necrosis of the lower jaw this procedure was had recourse to, and, shortly after, the patient was attacked with facial erysipelas, but, strange to say, the side of the face which had been operated on was not affected.

In incised wounds, the edges are brought together, and lint soaked in oil used as an external dressing.—*New York Med. Journ.*, May, 1874.

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Sinus simulating Disease of the Hip-joint treated by Villate's Mixture.—In the "Notes of Hospital Practice" in September No. of the *New York Med. Journ.*, the following case, which was treated in Bellevue Hospital, is reported.

The patient was a man aged twenty-five years, who had been previously an orderly in the hospital. He had received an injury to the hip by a fall, and from this an abscess developed, which opened and left a sinus, continuing for months. From the fact that there was pain both at the hip and at the knee, morbus coxæ was suspected, and the patient was placed in the wire breeches. It was decided, however, to try the effect of *Villate's mixture*, as an experiment. Injections, containing one part of the mixture to four of water, were applied to the sinus every third day, each injection being carefully washed out with water. After a week or ten days the thigh was very much swollen, and this was attended with considerable constitutional disturbance. This readily passed away, and it was found that the sinus had sloughed out, leaving a healthy granulating surface, which slowly healed.

The original formula of the mixture is as follows:—

℞.—Liq. plumbi subacetatis, ℥j.
Zinci sulphat. cryst.,
Cupri " " āā ʒss.
Aceti vini albi, f℥vjss.

M. Dissolve the sulphates of copper and zinc in the vinegar and then add the subacetate of lead. Shake before using.

It is well to begin with a more dilute solution than was used in the present case, in order to avoid the risk of extensive sloughing.

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Phytolacca Decandra in Mastitis.—Dr. L. Alexander, of Yorkville, S. C., reports (*Atlanta Med. and Surg. Journ.*, Sept. 1874) two cases of impending mastitis successfully cured by fifteen drop doses of the fluid extract of phytolacca decandra every three hours.

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Obituary Record.—Died at Bethlehem, New Hampshire, on the 4th of Sept., at the age of 60 years, Jeffries Wyman, M.D., Hersey Professor of Anatomy in Harvard University.

Dr. Oliver Wendell Holmes, in an appreciative notice (*Boston Daily Advertiser*, Sept. 12, 1874) of the life and emi-

nent services rendered to science by Dr. Wyman, says: "We have lost in Prof. Wyman as nearly perfect a model of the student and teacher of science as we have ever known or are ever likely to meet with.

* * * * * *

"We say deliberately that a more beautiful and truly admirable character would be hard to find among the recorded lives of men of science. The basis of all was in his personal qualities, in his absolute truthfulness, his great modesty, his amiable disposition, his quiet enthusiasm, his inexhaustible patience. He never boasted, he never sneered, he never tired, he put forward no pretensions to infallibility, though he was never caught making mistakes, he was always exact and positive as to what he had seen, but willing to suspend his opinion however tempting a generalization might offer itself, if it was only probable and not proved. He was prompt to recognize the merits of those whom he considered in any way his superiors, generous in his estimate of his equals, and a willing helper of all those who looked to him for any kind of knowledge he could impart. In a word, he was always the same honest-minded, sagacious, unprejudiced, sweet-souled, and gentle-mannered creature of God, whom it was a joy to meet, a privilege to listen to, a regret to part from, whom it is a sorrow beyond words to lose, and whom it will always be a precious inheritance to remember."

FOREIGN INTELLIGENCE.

Treatment of Acute and Chronic Bronchitis and Asthma.—Mr. Spurgin, resident medical officer to York Dispensary, employs iodide of potassium in these troublesome complaints (*British Med. Journ.*, Sept. 5th, 1874). He states, "I have tried iodide of potassium in over a hundred cases with almost invariable success; in fact, with such success, that patients have expressed themselves by saying, 'It has acted like a charm'; others have said that no medicine ever had any real effect upon their complaint before. Iodide of potassium has a marked effect upon the breathing, reducing the frequency of the respirations, perhaps (as I think) overcoming spasms. Almost after the first dose, patients have stated they have felt the medicine touch their complaint.

"I usually prescribe it with carbonate of ammonia, and, when the cough is very troublesome, add tincture of belladonna and ipecacuanha wine. In the above complaints I rarely give anything else but the above.

"In one case of very severe bronchopneumonia I tried iodide of potassium, with tincture of hyoscyamus and ammonia, and the respirations were quickly and astonishingly reduced from forty in a minute to less than half that number.

"In conclusion, I should add that I have purposely given a mixture containing ammonia, belladonna, ipecacuanha wine, spirit of sulphuric ether, etc., without iodide of potassium, and have not found much benefit; after which I have added iodide of potassium, and found the patient relieved almost at once."

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Treatment of Malignant Pustule with Iodine.—At a late meeting of the Academy of Sciences, M. Bouley presented a memoir by M. Cézard on what he terms the antivirulent method of treating charbon or malignant pustule, basing his theory on the experiments performed some short time ago by M. Davaine, illustrating the antivirulent properties of certain chemical agents. According to the author of this paper, iodine is considered the best antidote against the poison or virus of charbon or malignant pustule. Our author states that a dose of $\frac{1}{12}$th of a milligramme of iodine is sufficient to destroy the virulence of the fluid of malignant pustule, that is to say when mixed in a test-tube; but that it will take much less to prevent or even destroy the virulence of this terrible affection when the drug is introduced into the organism. M. Cézard informs us that an animal can support, without any inconvenience, the introduction in the blood, at one and the same time, of a quantity of iodine amounting in weight to more than $\frac{1}{5000}$th part of the entire mass of the blood, that is to say, more than is sufficient to destroy instantaneously the virulence of malignant pustule when this latter

exists, and to prevent its development when once the virus is introduced into the organism. Iodine, whether administered by the digestive tube or by hypodermic injections, is absorbed in substance and preserves its special properties even in the blood. M. Cézard advises that the drug be administered in the form of iodide of iodine, that is, in the proportion of one part of iodine to two of the iodide of potassium, which renders it more soluble in water and mitigates its irritating properties. This method of treatment, he continued, is very efficacious, not only against the true malignant pustule when it has attained the stage characterized by œdema, but also before it reaches that period, and even against the symptomatic fever of malignant pustule. M. Cézard also employs iodine locally in this affection in the form of subcutaneous injections of a solution in the proportion of $\frac{1}{500}$, and in the form of lotions, in the proportion of $\frac{1}{100}$ of the iodide of iodine. If there be a slough this should be previously excised, in order to facilitate the action of the drug.—*Irish Hosp. Gaz.*, Sept. 1, 1874.

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Treatment of Mucous Polypus of the Velum Palati.—A case is recorded (*Bull. Gén. de Thérap.*, t. lxxxv. p. 347) of this affection, by Dr. MÉPLAIN, of Moulins, in which a young man, 30 years of age, suffered from a small tumour of bright red colour, soft consistence, not pulsating, slightly pedunculated, situated at the junction of the hard and soft palate, a little to the left of the median line. Its duration had been about three weeks, and it had grown rather rapidly from the size of a lentil, when it was first noticed by the patient, to that of a bean, when Dr. Méplain first saw it. It interfered with deglutition and speech, and was liable to frequent hemorrhages after food had been taken. No cause could be assigned for its development. M. Méplain determined to treat it with repeated application of caustic, and for this purpose selected chromic acid, which he painted over its surface four days running. No improvement resulting, he next attempted to remove it with a pair of scissors curved on the flat; the hemorrhage was moderate, and was easily arrested with a compress moistened with perchloride of iron. In three weeks the patient returned with the tumour, which had reached its original size. On this occasion he seized it with a pair of dressing forceps, and endeavoured to tear it away. Moderate bleeding only followed, and this was soon stopped with a little acid gargle. Eight days after the patient again presented himself, and M. Méplain, somewhat discouraged by his failures, recommended him to try frequent application of carbolic acid. This was found to be very difficult, troublesome, and painful, but it appeared to check the growth of the tumour. Once more it was removed with the scissors, and once more it returned in the course of a week. Galvano-caustic he had not the means of applying, but he proposed the actual cautery, to which the patient strongly objected. He therefore at length determined to inject with acetic acid. He only threw in one drop with an Anel's syringe, but the effect was most satisfactory. The pain was acute for a short time, but the tumour gradually wasted away and did not return.—*Practitioner*, April, 1874.

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An Hermaphrodite.—We had recently an opportunity of examining an individual, of German origin, who presents a rare example of this malformation. He is now fifty-two years of age, and has exhibited himself at several scientific centres of Germany, before such men as Kölliker, Recklinghausen, Schulze, and others.

After a careful examination a doubt is left on the mind as to the sex; and, from the description given below, it may be suspected that we have here a sample of true lateral hermaphrodism.

The breasts present all the characters of the female sex, so that the upper part of the trunk has quite a feminine appearance. The generative organs, on the other hand, constitute an apparatus composed of parts belonging to both sexes. It appears as if the right side belongs specially to the male (and it is to be noted that the right side of the face looks masculine as compared with the left). In the centre a rudimentary penis is observed,

the glans of which is somewhat furrowed at its end. The urethra opens at the base of the penis forming a scrotal slit, this disposition giving rise to a variety of hypospadias. The prepuce is largely developed, very loose, and bound with a thick indented ridge, as is seen in the nymphæ. On the right side is seen the scrotum containing one testicle, whilst none exists on the left. The whole scrotum looks much like the labia majora, and when the finger is introduced between the two pendent halves and under the penis, it finds a cavity much resembling the vagina, though ending in a *cul-de-sac*. A female catheter, introduced into the meatus, and pushed horizontally (when the individual is standing), comes probably against a rudimentary uterus. When the catheter is directed upwards it passes into the bladder.

This individual regularly menstruated through the meatus urinarius up to the age of forty-four, so that it must be inferred that the ovaries are more than rudimentary. Doubts as to the reality of menstruation in this case were raised; but the testimony of Recklinghausen, Kölliker, and Scanzoni, who *saw* the function performed, is sufficient to settle the question. Hence we find, in the same being, the combination of the secreting organs belonging to both sexes. Spermatozoa have been found in the liquor seminis. The propensities of both sexes are thus observed in one being, and have, according to the individual's assertions, been satisfied.

The voice is more masculine than otherwise, and the chin presents some beard, which is regularly shaved. This hermaphrodite used to travel about Germany in women's clothes, and the descriptions written at the time refer to the phenomenon as Catherine Hohmann. Now, however, man's attire has been assumed, and seems altogether more suitable. Cases of true lateral hermaphrodism are extremely rare, and we have thus been led to dwell more particularly on the present case.—*Lancet*, Aug. 22, 1874.

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New Researches on Diabetes.—We learn that Dr. PAVY has obtained some experimental results which are likely to throw a new light on the subject of diabetes. He has found that the injection of defibrinated arterial blood into the portal system occasions a saccharine state of the urine. In one experiment, the urine after the operation contained fifteen grains of sugar to the fluidounce, and in others the quantity has amounted to nearly the same. In the counterpart experiment of injecting defibrinated venous blood into the portal system, the urine showed no signs of the presence of sugar. It thus appears that oxygenated blood passing to the liver causes an escape of sugar from the organ, and thence an accumulation in the system and discharge with the urine. It also appears that through the medium of the respiration of oxygen he has succeeded in inducing a sufficiently oxygenated state of the blood to similarly give rise to the production of saccharine urine. He has further found that through the agency of the inhalation of puff-ball smoke an immediate and strongly diabetic state may be induced, and that the effect is accompanied with such a modification of the circulation that the blood flows through the vessels, as is the case after section of the sympathetic, without becoming properly de-arterialized. His experiments, he considers, suggest that, in diabetes of the human subject, the blood, in consequence of vaso-muscular paralysis, is allowed to reach the portal vein in an imperfectly de-arterialized condition, and thus determines the escape of sugar from the liver. We understand his results are to be brought forward at the Royal Society as soon as its meetings commence.—*Lancet*, Aug. 29, 1874.

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New Mode of Medication.—Injections into the Trachea.—M. GOUSETT (de Bellesrue), in a communication made to the Biological Society, recommended that in low states of the system, where a rapid action was required, where absorption was almost extinct, and it was necessary to give medicines in larger doses than could be done by subcutaneous injection, medicines should be injected into trachea. He reported two cases of malignant fever in their last stages, which he successfully

treated by injection into the trachea of sixty-five centigrammes of chlorate of quinia.

M. J. recommends this mode of medication in tetanus, hydrophobia, and cholera. This mode of procedure is as follows: He introduces the trocar of an hypodermic syringe into the trachea one finger's breadth below the cricoid cartilage, and then slowly injects the medicine in solution into the trachea.—*Le Progrès Médical*, 23 May, 1874.

This practice will not be likely to find many followers.

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Effects of Ozone on the Animal Economy.—Prof. REDFERN read before the British Association for the Advancement of Science, a paper on this subject. A number of experiments were related in which animals were made to breathe oxygen mixed with ozone, and others made to breathe pure oxygen. The general result was that the respiration of oxygen with a 240th part of ozone for a very short time, say twenty seconds, is certainly fatal; that the same gas when resolved into oxygen is comparatively harmless, even when respired for long periods; that the death from the ozone is not due to a closure of the glottis, but to a congestion of the lungs, with emphysema and distension of the right side of the heart with a fluid or coagulation of blood, frequently attended by convulsions; that if the ozone be respired in a dilute form, animals become drowsy and die quietly from coma, the condition of the lungs being the same except that the emphysema is less marked; also, that animals that have respired oxygen more than twelve hours will now and then die suddenly from the formation of coagula in the heart, even after they have been in good health for some days.—*Lancet*, Sept. 5, 1874.

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Composition of certain kinds of Food.—Mr. J. W. COOPER read an interesting paper on this subject before the British Association for the Advancement of Science. Farinaceous foods, he said, were of the utmost importance to children and invalids, whose stomachs are too delicate to properly digest ordinary alimentary substances; and the upper and middle classes are in the habit of using with advantage considerable quantities of such preparations as arrowroot and cornflour. These substances, being in a minute state of division, break up easily and blend with water readily, and they make the food so gelatinous that the digestive juices can at once attack it. If large quantities of vegetable matter be introduced into the stomachs of delicate children, it becomes very difficult to digest; but there is nothing to prevent arrowroot, sago, and cornflour from being digested in the case of invalids and children, except in the case of children under nine months old. Excess of substances containing nitrogen has been known to produce diarrhœa in some children, as well as in grown-up persons. The nutritious value of starch foods has long been universally recognized. In India, China, Mexico, and other places, nine-tenths of the food consumed is mainly starch. In Ireland it furnishes 80 per cent., in the potato. In England our dietaries are apt to be too nitrogenous, and hence the great value and necessity for assimilative farinaceous food. A complete dietary has not yet been introduced to public notice in the form of food for adults, though Liebig did introduce a food for infants, devised upon chemical principles, to form a substitute for mother's milk, prepared from malt-flour, wheat-flour, cow's milk, bicarbonate of potash and water. Milk stands alone as a complete natural dietary for infants. The complex nature of Liebig's composition, which the author said does not appear to be much used in England, will afford some idea of the difficulties to be encountered in concocting a complete dietary; and, under these circumstances, it is fortunate, he observed, that the views of a chemist, which, if supported, were well calculated to prevent the use of most valuable and important foods for the sick chamber and the nursery, have met with such decided refutation.—*Lancet*, Sept. 5, 1874.

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Proper Preparation of Food.—Prof. REDFERN, in a paper read before the British Association for the Advancement of Science, "on the influence of food, and the

methods of supplying it to plants and animals," remarked that "there were few social problems more important than how to acquaint the wife of the labourer or artisan, or even the wives and servants of the middle classes, how to expend a fair share of their income upon food to the greatest advantage, and how to prepare it without destroying its nutritive properties. A savoury dish of meat was often prepared by mincing or cutting the meat into small and more or less cubical blocks. It was then stewed, or more frequently boiled; the outer surface of each little block has its albumen firmly coagulated, and the whole was converted into about as indigestible a mass as could well be imagined, the high-priced and highly nutritious meat having been destroyed for the purposes of nutrition, and the action of the digestive organs probably injured for some time to come. Or good and valuable flesh-meat was subjected to the process of salting, which first of all abstracted the juices of meat, and then hardened the fibres, so as to destroy or greatly deteriorate its digestibility. No doubt it was convenient to have a hardened dry mass of meat incapable of much change for months, and ready to be used for the purpose of filling the stomach and effectually satisfying the appetite; but these were not the purposes for which food was intended to be used. It ought to be capable of supplying the waste of the body, and of being easily converted into heat and motion. If it failed in these particulars it would also fail in nourishing the brain, and aiding in the evolution of intelligence, and thus intellectual and bodily power was lost to the community, and deterioration of race was promoted. His colleague Dr. Gordon said that he recollected running races, putting stones, wrestling, and other athletic exercises being the favourite amusements of the sons and servants of the farmers in the County Down. Now nothing of the sort was heard of. These young men found a short day's work almost too much for them, and at the end of it they were to be seen lying about indulging in idle conversation. Coincidently with this they imagined themselves the equals of their masters and mistresses, and that the healthful oatmeal porridge and buttermilk twice daily, with beans and bacon for dinner, was too strong and coarse; they insisted on more delicate fare, and demanded a supply of tea and white bread. They were unconscious that persons in their position but a few years ago possessed amazing vigour, and performed twice the amount of labour with greater ease, and when the day's work was over, actually revelled in the display of surplus strength which nothing but their better and more rational diet could have yielded them."—*London Med. Record*, Sept. 9, 1874.

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The Separation of Acids from the Alkaline Blood.—No satisfactory explanation has as yet been given to account for the separation of the acid urine and gastric juice from alkaline blood. We have recently, however, witnessed some experiments made by Dr. Ralfe in the laboratory of the Charing-cross Hospital, which promise to explain this seeming paradox.

This gentleman introduces an alkaline solution, consisting of bicarbonate of soda and neutral phosphate of soda, into a small U tube, fitted with a diaphragm at the bend, and passes a weak electric current through the solution. In a short time the fluid in the limb connected with the positive pole becomes acid, from the formation of acid phosphate of soda, the salt which gives urine its acid reaction; while the fluid in the limb connected with the negative pole increases in alkalinity. The changes effected in the solution are represented by the following formula:—

Bicarbonate of soda. Neutral phosphate of soda.
$$NaHCO_3 + Na_2HPO_4$$
Carbonate of soda. Acid phosphate of soda.
$$= Na_2CO_3 + NaH_2PO_4$$

To account for the formation of free hydrochloric acid in the gastric juice, chloride of sodium is substituted for the neutral phosphate of soda, the decomposition in this case being

Bicarbonate of soda. Chloride of sodium.
$$NaHCO_3 + NaCl$$
Carbonate of soda. Hydrochloric acid.
$$= Na_2CO_3 + HCl$$

The fact, that, from an alkaline solution containing salts like those found in the

blood, acids can be separated which are identical with those found in the urine and gastric juice, is extremely interesting, and of physiological importance.—*Lancet*, July 1, 1874.

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Arsenical Poisoning by Wall-Papers.—Dr. GEORGE JOHNSON, in an extremely able lecture published in the *Sanitary Record* of July 4th and 11th, collects some well-marked cases of arsenical poisoning, due to the wall-papers of rooms, his first three cases being in the persons of well-known physicians, whose sufferings were considerable, as the cause of them was unequivocal. Some of these cases are described in detail. The author goes on to show that the symptoms which are believed to have resulted from the use of arsenical wall-papers are similar to those which occur more or less constantly and severely amongst work-people who are engaged in the manufacture of arsenical pigments, or of the papers, artificial flowers and leaves, and other articles which are coloured with arsenical compounds. Dr. Johnson then proceeds to reply to the arguments of those who doubt the injurious effects of arsenical wall-papers, and who maintain that, if these papers were really injurious to health, their very general use for many years past would have caused numerous, and not rare and isolated cases of illness. To this objection Dr. Johnson replies by saying that probably many more cases of illness have resulted from the use of these papers than are known or even suspected to have had this origin. Then the quantity of poisonous dust thrown off from an overcharged arsenical paper is so small, that those only who are more than ordinarily susceptible suffer appreciably from the inhalation of the poison. In illustration of this, various examples of idiosyncrasy are referred to. A comparison is made between the symptoms caused by the inhalation of arsenical dust and those of "summer asthma, or hay-fever." Happily there are few individuals so sensitive as to have their eyes and nose and throat excited to inflammation by a neighbouring grass-field. Amongst workmen whose occupation compels them to breathe an atmosphere largely charged with arsenical dust, there are but few who do not suffer more or less seriously from the poison; but the comparatively small amount of poisonous dust which ordinarily floats in the air of a room hung with an arsenical paper has no appreciable effect on any but those who are peculiarly sensitive to the influence of the poison, a sensitiveness which may sometimes be shared by several members of the same family. The comparative rarity of these cases affords no reason for doubting their reality when they do occur, or the intimate relation between the symptoms and the inhalation of arsenical dust. The extreme tolerance of noxious influences displayed by some individuals is as remarkable and inexplicable as the high degree of sensitiveness manifested by others. Undoubted cases of poisoning by arsenical papers are common enough, and sufficiently serious to call for an energetic protest against the continued use of such papers; and it should be borne in mind that arsenic is often present, not only in bright green papers, but in pale green, gray, and even brown papers.—*London Med. Record*, July 15, 1874.

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OBITUARY RECORD.—Died, Aug. —— aged 80, ROBERT EDMUND GRANT, M.D., F.R.S., Prof. of Comparative Anatomy and Zoölogy in the University College, London. Dr. Grant was by some considered as the English Cuvier, and his views with respect to many controversial points were in advance of his time, and in his works may be found foreshadowings of theories which have lately attracted much attention.

—— Aug. 1, 1874, in his 69th year, M. A. CULLERIER, the representative of a name which for nearly three-quarters of a century has been illustrious in the special branch of surgery cultivated by its professors. Like his father and uncle, he was a successful practitioner and teacher, but for the last ten years he has been incapacitated by paralysis of the tongue. He is perhaps best known in this country by his great Atlas of Venereal Diseases, translated by Prof. Bumstead and published by Mr. H. C. Lea.

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There has long been an opening and a need for just such a work as the author here places before us—a thorough, complete, scientific treatise on Food and Dietetics in their physiological and therapeutical relations.—*Chicago Med. Examiner*, Aug. 15, 1874.

Dr. Pavy has for several years been well known as an investigator and writer on physiological topics connected with the great subject of nutrition, and his favorable reputation is sufficient to attract attention to the present work, which may be pronounced in advance the most thorough treatise in our language on the subjects treated. We frankly regard the work as deserving of great praise, both in its plan and in its execution, and sure to add to the already high reputation of its author.—*The New Orleans Med. and Surg. Journal*, Sept. 1874.

No modern treatise on this subject having existed in the English language, Dr. Pavy's work supplies a want which has been very seriously felt, and in a manner which shows that the author is an extensive reader and has judiciously arranged the numerous facts and theories, together with the most striking experiments and the deductions drawn therefrom. It seems to us that he has truly conferred a great benefit upon all interested in the subject-matter of his work, and that nobody will study its pages without having derived valuable instruction therefrom, and without considering it not only useful, but next to indispensable.—*Amer. Journ. of Pharmacy*, Aug. 1874.

Covering, as it thus does, a popular ground, it is a book which not only every physician who properly estimates the immense value of dietetics in therapeutics, but every educated person who wishes to retain his health, should possess and read.—*Amer. Journ. of Obstetrics*, Aug. 1874.

Now that it has appeared, the surprise is that it has not been done before. If we have waited long, we have a valuable work finally, one which will be appreciated by every intelligent reader in the profession or out of it, for all must feed, and most people desire to know all they can about the food they eat.—*St. Louis Medical and Surgical Journal*, Sept. 1874.

Much has heretofore been written on this subject, but never before has so systematic and thorough a result of mature thought and experience been given to the professional world. A perusal of the pages of "Pavy on Food" will amply repay all, but none so much or richly as the medical practitioner. It is to be hoped that every medical man in the country will avail himself of the opportunity offered of studying the subject thoroughly. No medical library can be considered complete now without a copy of Pavy on its shelves.—*Western Lancet*, Aug. '74.

It contains more information on the subject of which it treats than any similar English book, and it is certain to prove exceedingly useful to the medical practitioner.—*London Med. Record*, July 15, 1874.

On the whole, this work may be regarded as the best of its class in the English language.—*New York Nation*, Sept. 17, 1874.

It is the happy combination, in the manner we have endeavored to illustrate above, of sound modern theory with the otherwise somewhat dry details respecting the source, composition, and properties of the various substances which are or have been employed as articles of diet, that carries the reader through the by no means small volume before us, without any feeling except that he is gathering valuable theoretical and practical information on every page.—*Athenæum*, Aug. 22, 1874.

We may at once state that this is a book of first-rate merit, and that it handles its important subject in a manner which is especially valuable to the physiologist and to the medical practitioner, while on the other hand there are large sections of it that may be read with advantage by the public. We have long felt that there was scarcely anything more pressingly needed than such a book. Here we are obliged abruptly to stop, just as we seemed to have begun our remarks on this interesting book. After all, it is of little consequence, for every one should possess the work, and its merits will not be difficult to recognize. It is at any rate the best work in English on its subject, and deserves the close attention of all classes of society as well as of the medical profession.—*The Practitioner*, London, July, 1874.

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